

## WORKSHOP ON PUBLIC POLICY CONSIDERATIONS\*

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THIS WORKSHOP WAS in the form of question and answer from the chair to the panelists. The resulting discussion is reflected in the following points:

An effective response to drug abuse must recognize poverty is at the core of the problem; housing, education, and employment must be joined with health care in any attempt to arrive at a solution. Government must be committed to address the issue of poverty.

Addiction is defined differently by different disciplines, but the medical model defines it as a biological, social, and psychological response to a drug, most usefully compared to a chronic illness in which relapse can be anticipated.

It is necessary to address the relapsing aspect of this illness by making treatment family oriented, multifaceted, and by including long-term follow-up services.

Many addicted mothers enter treatment because of concern for their children and desire to maintain custody. They will be more likely to stay in treatment if drug treatment is part of a comprehensive program including health, psychiatric, social work, parenting, infant school/day care, special supplemental food program for women, infants and children (WIC), and other services located at a single site or meaningfully connected. Critical services include child care and therapeutic services for children; and educa-

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tional/vocational training toward the goal of economic self-sufficiency for women.

Often mothers are accused of child neglect from lack of resources to provide for themselves and their children. This unproductive blame-the-victim approach must be eschewed in favor of concrete services that bolster family function.

Treatment should be available and offered to all addicts. That treatment is offered and frequently mandated only at the point at which a mother is accused of child neglect or other crime is deplorable. The confrontational or punitive style that characterizes some treatment approaches is particularly unsuccessful with women, many of whom have previously been victims of abusive relationships.

Addicts cannot really lobby for themselves because society will not hear them. It is crucial that lobbying be carried out by everyone, that it be intensified, and that pressure on government be maintained in spite of claims that funding is not available. The public needs to understand that doing nothing about addiction treatment will eventually cost more than treatment itself. It is unacceptable for government not to provide adequate funding for drug treatment.

#### RECOMMENDATIONS

Develop a global policy on poverty by linking together education, housing, employment, and health.

Addiction must be perceived and treated as a chronic illness that does not necessarily render mothers incapable of parenting.

Promote increased research into the chronic and relapsing aspect of this illness and effective treatment strategies.

Provide support for longer term programs.

Design programs that involve families in treatment of the addict.

A positive urine toxicology test in a neonate should not automatically be interpreted as evidence of chronic maternal drug use and neglect. In those cases where neglect charges are filed, efforts should be made to: maintain maternal custody of the newborn by providing drug treatment and social services; place the child with other family members if maternal custody is inappropriate, foster care should be the last resource and institutional care should be avoided; maintain the mother/child relationship by regular, frequent visitation and aim for speedy reunification; permanent placement should be the next goal.

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Locate support in local community programs rather than in entrenched bureaucratic agencies.

Make drug treatment a part of programs that include as many other services as possible, particularly child care.

Establish and maintain active, even aggressive, lobbies to increase funding from all levels of government for research and treatment.

Efforts to depict the behavior of pregnant addicts as criminal should be repudiated.